Form **8871** (Rev. July 2003)

Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Department of the Treasury Internal Revenue Service

General Information

1 Name of organization MASSACHUSETTS FOR KHAZEI	2012 EXPLORATORY	Employer identification number 27 - 5092202					
2 Mailing address (P.O. box or number, street, and room or suite number) PO BOX 17021							
City or town, state, and ZIP code BOSTON, MA 02117							
3 Check applicable box:	✓ Initial notice	Amended notice	Final notice				
4a Date established 03/09/2011		4b Date of material change					
5 E-mail address of organization Darryl@CommonCentsConsulting.ne	t						
6a Name of custodian of records	n of records 6b Custodian's address						
Darryl Tattrie		PO BOX 17021					
		BOSTON, MA 02	2117				
7a Name of contact person		7b Contact person's address					
Darryl Tattrie		PO BOX 17021					
		BOSTON, MA 02117					
8 Business address of organization PO BOX 17021	(if different from mai	ling address shown above).	Number, street, and room or suite number				
City or town, state, and ZIP code BOSTON, MA 02117							
9a Election authority		9b Election auth	ority identification number				
NONE							
Part II Notification o	f Claim of Exe	mption From Filing	Certain Forms (see instructions)				

10a Is this organization claiming exemption from filing Form 8872, Political Organization Report of Contributions and Expenditures, as a qualified state or local political organization? Yes <u>No</u> ✓

10b If 'Yes,' list the state where the organization files reports:

11 Is this organization claiming exemption from filing Form 990 (or 990-EZ), Return of Organization Exempt from Income Tax, as a caucus or associations of state or local officials? Yes $_$ No \checkmark

Part III Purpose

12 Describe the purpose of the organization

Massachusetts for Khazei 2012 Exploratory committee was created for the purpose of accepting contributions and making expenditures to test the waters for a potential run for public office.

Part IV	List of All Relate	d Entities (see instruction	is)	
13 Check if the	organization has no relate	ed entities		<u>v</u>
14a Name	of related entity	14b Relationship	14c Address	
Part V	List of All Office	rs, Directors, and Highly	Compensated Employees (see instructions)	_
15a Name		15b Title	15c Address	
Darryl Tattrie		Treasurer	PO BOX 17021	
			BOSTON, MA 02117	
	Internal Revenue Code,	and that I have examined this notice	ned in Part I is to be treated as a tax-exempt organization described is, including accompanying schedules and statements, and to the behalf I am the official authorized to sign this report, and I am signing b	st of my knowledge
	Darryl Tattrie		03/09/2011	
Sian				
Sign Here	Name of authorize	d official	Date	